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**Waste Management Division**

# REGISTRATION FORM FOR LANDFILLS NOT OPERATED AFTER JULY 9, 1981

*pursuant to Part Env-Wm 309 of the New Hampshire Solid Waste Rules*

## INSTRUCTIONS

- (1) Complete this form by providing all requested information. If you need more space than provided on the form to answer a particular question, attach additional pages as necessary and mark each page clearly to indicate the section and question number being answered.
- (2) Submit **TWO** copies of the completed form, **EACH bearing an ORIGINAL signature**, to the following address:  
  

**New Hampshire Department of Environmental Services (DES)**  
**Waste Management Division**  
**Permitting & Design Review Section (P&DRS)**  
**29 Hazen Drive, PO Box 95**  
**Concord, NH 03302-0095**
- (3) All references on this form beginning with "Env-Wm" are citations from the *New Hampshire Solid Waste Rules (Rules)*. You may obtain a copy of the Rules from the DES Public Information and Permitting Office at (603) 271-2975 or TDD Access: Relay NH 1-800-735-2964. The Rules are also available on the Internet at <http://www.des.state.nh.us>.
- (4) Your registration will be processed according to Env-Wm 309.04. You will be notified in writing whether the registration is complete and accepted. If complete and accepted, the registered facility shall be deemed exempt from the Rules. However, other action to assure proper closure may be required at the facility pursuant to other provisions of law.
- (5) For further assistance with completing this form, contact the DES P&DRS at (603) 271-2925, or at the above-noted mailing address or TDD Access: Relay NH 1-800-735-2964.

## SECTION I. FACILITY IDENTIFICATION

(1)	Facility name:
(2)	Location by street address and municipality:
(3)	Facility mailing address:
(4)	Local tax map and lot numbers:
(5)	Deed reference by county, volume and page numbers:
(6)	Latitude and longitude of a known fixed point on the site:
(7)	Plot the location of the facility on a United States Geological Survey (USGS) topographic map, or copy thereof, prepared at a scale of 1:24,000 or 1:25,000. Attach and mark as "Attachment I(7)."
(8)	Provide written directions from a known point of reference in the vicinity of the facility site:

## SECTION II. FACILITY OWNER IDENTIFICATION

(1)	Owner name:		
(2)	Owner mailing address:		
(3)	Owner telephone number:		
(4)	If different than above, identify the individual associated with and designated by the facility owner to be the contact individual for matters concerning this facility:		
	(a) Name:	(b)	Title:
	(c) Mailing address:		
	(d) Telephone number:		

(5)	If the facility owner is an individual, provide date of birth and go to Section III:
(6)	If the facility owner is a corporation, partnership or other association, provide the following information as specified:
(a)	The facility is owned by a: <input type="checkbox"/> corporation <input type="checkbox"/> partnership <input type="checkbox"/> other association
(b)	State of incorporation/formation:
(c)	Principal business address:
(d)	Provide, on separate paper and attach/mark as "Attachment II(6)(c)," the names and addresses of all directors, officers and shareholders(*), if for a corporation; all partners (whether general or limited), if for a partnership; or all principals, members or participants, if for another type of association.
	(* ) For a privately held corporation, identify <u>all</u> shareholders. For a publicly traded corporation, identify all shareholders owning 10% or more of the corporation's equity or debt.

### SECTION III. FACILITY OPERATOR IDENTIFICATION

(1)	Is the facility owner also the facility operator? <input type="checkbox"/> NO <input type="checkbox"/> YES [if yes, skip questions (2) - (7) and go to Section IV]
(2)	Operator name:
(3)	Operator mailing address:
(4)	Operator telephone number:
(5)	If different than above, identify the individual associated with and designated by the facility operator to be the contact individual for matters concerning this facility:
(a)	Name:
(b)	Title:
(c)	Mailing address:
(d)	Telephone number:
(6)	If the operator is an individual, provide date of birth and go to Section IV:
(7)	If the facility operator is a corporation, partnership or other association, provide the following information as specified:
(a)	The facility is operated by a: <input type="checkbox"/> corporation <input type="checkbox"/> partnership <input type="checkbox"/> other association
(b)	State of incorporation/formation:
(c)	Principal business address:
(d)	Provide, on separate paper and attach/mark as "Attachment III(7)(c)," the names and addresses of all directors, officers and shareholders(*), if for a corporation; all partners (whether general or limited), if for a partnership; or all principals, members or participants, if for another type of association.
	(* ) For a privately held corporation, identify <u>all</u> shareholders. For a publicly traded corporation, identify all shareholders owning 10% or more of the corporation's equity or debt.

### SECTION IV. PROPERTY OWNER IDENTIFICATION

(1)	Is the facility owner, as identified in Section II of this form, also the owner of the property on which the facility is situated? <input type="checkbox"/> NO <input type="checkbox"/> YES [if yes, skip questions (2) - (7) and go to Section V]
(2)	Property owner name:
(3)	Property owner mailing address:
(4)	Property owner telephone number:
(5)	If different than above, identify the individual associated with and designated by the property owner to be the contact individual for matters concerning this facility:
(a)	Name:
(b)	Title:
(c)	Mailing address:
(d)	Telephone number:
(6)	If the property owner is an individual, provide date of birth and go to Section V:
(7)	If the property owner is a corporation, partnership or other association, provide the following information as specified:
(a)	The property is owned by a: <input type="checkbox"/> corporation <input type="checkbox"/> partnership <input type="checkbox"/> other association
(b)	State of incorporation/formation:
(c)	Principal business address:
(d)	Provide, on separate paper and attach/mark as "Attachment IV(7)(d)," the names and addresses of all directors, officers and shareholders(*), if for a corporation; all partners (whether general or limited), if for a partnership; or all principals, members or participants, if for another type of association.
	(* ) For a privately held corporation, identify <u>all</u> shareholders. For a publicly traded corporation, identify all shareholders owning 10% or more of the corporation's equity or debt.

### SECTION V. OTHER PERMITS

(1)	Has the New Hampshire Department of Environmental Services issued any written permits for the facility or site? <input type="checkbox"/> YES <input type="checkbox"/> NO [if NO, skip question (2) and go to Section VI]																
(2)	Provide the following information for each permit so issued:																
	<table border="1"> <thead> <tr> <th>Type of Permit/Approval</th> <th>Date Issued</th> <th>Permit Number</th> <th>Status/Comments</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Type of Permit/Approval	Date Issued	Permit Number	Status/Comments												
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## SECTION VI. STATUS OF FACILITY OPERATIONS

(1)	Date facility commenced operations (i.e., date facility began receiving waste):
(2)	Date facility ceased operations (i.e., date of last waste receipt):

## SECTION VII. TYPE OF OPERATIONS

Identify the type(s) of waste management activities that were conducted at the facility:

<input type="checkbox"/>	Collection	<input type="checkbox"/>	Storage	<input type="checkbox"/>	Transfer
<input type="checkbox"/>	Processing	<input type="checkbox"/>	Treatment	<input type="checkbox"/>	Landfilling: <input type="checkbox"/> open burning <input type="checkbox"/> lined <input type="checkbox"/> unlined

## SECTION VIII. TYPE OF SERVICE

(1)	Did this facility operate commercially? <input type="checkbox"/> YES <input type="checkbox"/> NO
(2)	Did this facility receive waste ONLY from sources within the control/jurisdiction of the facility owner? <input type="checkbox"/> YES <input type="checkbox"/> NO

## SECTION IX. SERVICE AREA

Identify the geographic region served by this facility. If the facility received waste from any source, so state and identify area most commonly served.


## SECTION X. TYPE OF WASTE HANDLED BY FACILITY

Identify the type(s) of waste received by the facility:

<input type="checkbox"/>	Asbestos	<input type="checkbox"/>	Putrescible waste	<input type="checkbox"/>	Construction & demolition debris	<input type="checkbox"/>	Mixed municipal solid waste
<input type="checkbox"/>	Ash-household	<input type="checkbox"/>	Bulky waste (furniture, stumps, etc.)	<input type="checkbox"/>	Infectious waste	<input type="checkbox"/>	Tires
<input type="checkbox"/>	Ash-municipal solid waste	<input type="checkbox"/>	Recyclable materials	<input type="checkbox"/>	White goods (appliances, etc.)	<input type="checkbox"/>	Yard waste
<input type="checkbox"/>	Household hazardous waste	<input type="checkbox"/>	Contaminated soils	<input type="checkbox"/>	Hazardous waste	<input type="checkbox"/>	Sludge/septage
<input type="checkbox"/>	Other (specify):						

## SECTION XI. FACILITY CAPACITY & COVER

(1)	Estimated volume (cubic yards) of waste landfilled at the facility:
(2)	Estimated maximum depth/height of waste (feet):
(3)	Describe type of cover material placed over landfilled waste (e.g., sand, gravel, clay, till, loam; vegetated or non-vegetated; estimated depth of each, etc.):
(4)	Estimated maximum depth of cover material:
(5)	Estimated minimum depth of cover material:
(6)	Estimated maximum slope:
(7)	Estimated minimum slope:
(8)	Are gas vents installed? <input type="checkbox"/> YES (how many? ) <input type="checkbox"/> NO

## SECTION XII. ENVIRONMENTAL ASSESSMENT REPORTS

(1)	Have any environmental assessments been prepared for the facility or site? <input type="checkbox"/> YES <input type="checkbox"/> NO
(2)	If YES, attach a copy of each report, including groundwater-monitoring data if available.

### SECTION XIII. SIGNATURES

**Note:** Each copy of the form submitted to DES shall bear ORIGINAL signatures.

*I hereby certify that, to the best of my knowledge and belief, the information and material submitted herewith is correct and complete. I understand that any approval granted by the New Hampshire Department of Environmental Services (DES) based on false and/or incomplete information shall be subject to revocation or suspension, and that administrative, civil or criminal penalties may also apply. I certify that this registration is submitted on a complete and accurate form, as provided by DES, without alteration of the text.*

**Print Clearly or Type**

\_\_\_\_\_  
Facility Owner Name

\_\_\_\_\_  
Facility Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility Operator Name (if different than Facility Owner)

\_\_\_\_\_  
Facility Operator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Name (if different than Facility Owner)

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date